

SPECIAL HANDLING INSTRUCTIONS

Date: _____

Map/Permit Number: _____

To: Zoning Counter Staff

From: _____, County Planning/Environmental Staff
Name of authorizing staff member

I authorize the waiver of the requirement for _____

for intake purposes only. This requirement has been waived because _____

Signed _____
Signature of authorizing staff member

Please Note: This form is solely for the use of County DPLU staff and is not for applicant, general public or other department use. The waiver listed on this form is tentative. The applicant may be required to submit additional fees or deposits, environmental and other documentation if it is subsequently determined that the waived information is required.

For CEQA Exemptions Only

It is recommended that this case be found exempt from CEQA Review under the following exemption:

